

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/031085</b>		FILING DATE <b>16 JAN 2002</b>		
							APPLICANT(S) <i>Shiraishi</i>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7	/						57				
8							58				
9							59				
10							60				
11							61				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	7						TOTAL DEP.				
TOTAL CLAIMS	10						TOTAL CLAIMS				